

TRANSMITTAL FORM

Application Serial Number	09/928,146
Filing Date	08/10/01
First Named Inventor	Daniels
Group Art Unit	3737
Examiner Name	Eleni Mantis Mercader
Attorney Docket No.	BSC-008DV
Patent No.	Not applicable
Issue Date	Not applicable

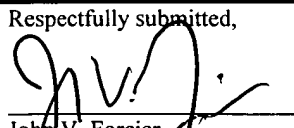
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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Respectfully submitted,

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PATENT
Attorney Docket No. BSC-008DV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Daniels, et al. CONFIRMATION NO.: 6909
SERIAL NO.: 09/928,146 GROUP NO.: 3737
FILING DATE: August 10, 2001 EXAMINER: Eleni Mantis Mercader
TITLE: DIAGNOSING AND PERFORMING INTERVENTIONAL
PROCEDURES ON TISSUE IN VIVO

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 3rd day of January, 2005.



April Luna

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg);
2. Amendment and Response (7 pgs); and
3. Return Receipt Postcard.



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PATENT
Atty. Docket No. BSC-008DV
(1002/396)

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SERIAL NUMBER: 09/928,146 ART UNIT: 3737
FILING DATE: August 10, 2001 EXAMINER: Eleni Mantis Mercader
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

This paper is submitted in response to the Office action mailed on October 5, 2004.

Applicants submit that no extension-of-time is required for this Amendment and Response to be entered and considered. However, please consider this a conditional petition for the proper extension, if one is required, and a conditional authorization to charge any additional fees or other fees necessary for entry of this paper to Deposit Account No. 20-0531.

Applicants respectfully request entry of the following amendments, reconsideration and withdrawal of all grounds of rejection, and passage of the claims to allowance.

Please amend the above-identified application, without prejudice, as follows:

- Amendments to the Claims are reflected in the Listing of Claims that begins on page 2 of this Amendment and Response.
- Remarks begin on page 5 of this Amendment and Response.